

Rhode Island

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State CARE Act Program Profile

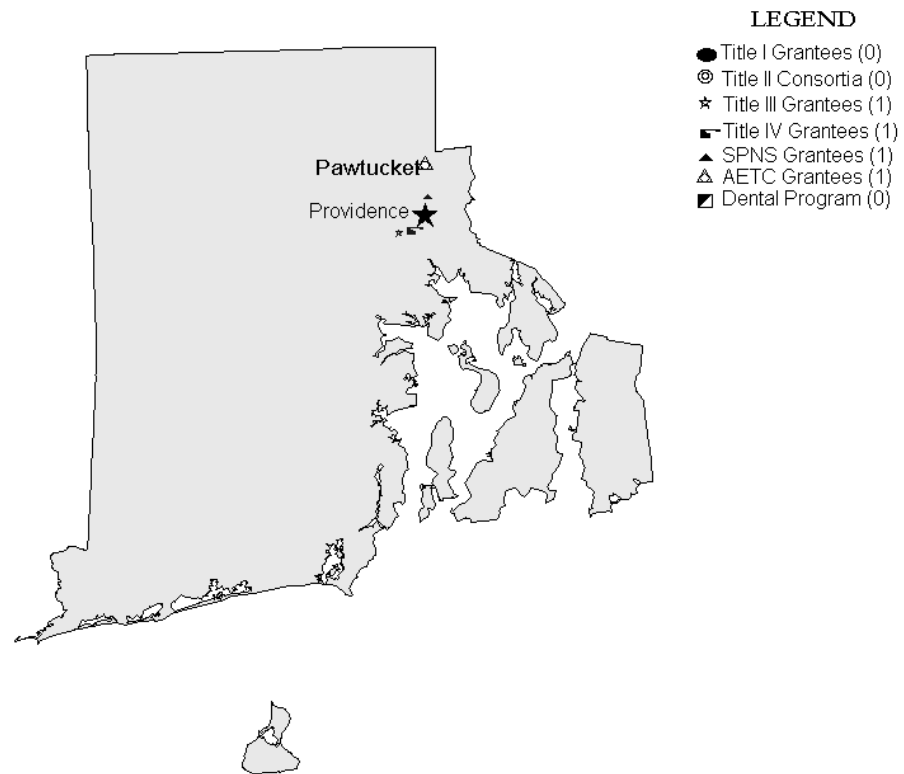
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$1,083,242	\$1,548,831	\$1,843,025	\$4,475,098
ADAP	(\$157,951)	(\$494,123)	(\$817,160)	(\$1,469,234)
Title III	\$180,942	\$257,970	\$280,195	\$719,107
Title IV	\$336,000	\$394,000	\$394,000	\$1,124,000
SPNS	\$176,789	\$250,765	\$295,885	\$723,439
AETC	\$48,393	\$41,010	\$51,823	\$141,226
Dental	\$0	\$0	\$0	\$0
Total	\$1,825,366	\$2,492,576	\$2,864,928	\$7,182,870

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	1	1	1
Title IV	1	1	1
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	0	0	0

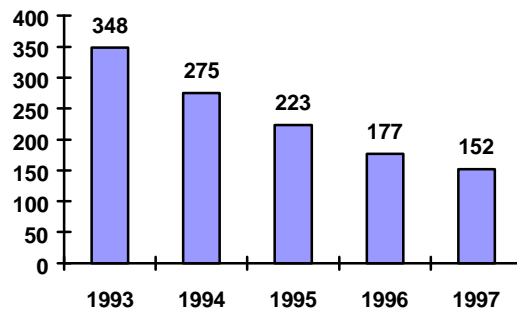
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Rhode Island (Pop. 987,429)

- ▶ Persons reported to be living with AIDS through 1997: 738
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: HIV reporting without name
- ▶ State AIDS Cases (cumulative) since 1993: 1,175 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	75%	78%
Women (13 years and up):	25%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	49%	33%
African American:	28%	45%
Hispanic:	22%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	33%	35%
Injecting drug user (IDU):	37%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%
Heterosexual contact:	20%	13%
Other, unknown or not reported:	7%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	185.2	194.5
Gonorrhea (1996)	49.1	124.0
Syphilis (1996)	0.4	4.3
TB (1997)	3.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** mental health services; housing; adherence support; funding to expand ADAP; and training for mental health and drug treatment professionals

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	250% FPL
Medically Needy	69% FPL

*Income eligibility for State's ADAP program is 400% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: Yes

Beneficiary groups: AFDC and AFDC-related families, women, infants, and children. Pregnant women and children up to age 6 below 250% FPL.

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): No

Title II: Rhode Island

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,083,242	\$1,548,831	\$1,843,025	\$4,475,098
ADAP (included in Title II grant)	(\$157,951)	(\$494,123)	(\$817,160)	(\$1,469,234)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$1,695,672/92%
Home and Community Care	(\$305,935)
Health Insurance Continuation	(\$70,000)
ADAP/Treatments	(\$1,127,160)
Direct Services	(\$192,577)
Case Management (State Administered)	\$0/0%
Consortia	\$0/0%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$147,353/8%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Accomplishments

Clients Served (duplicated count), FY 1996:	340
Men:	71%
Women:	29%

<13 years old:	11%
13-19 years old:	3%
20+ years old:	86%

White:	49%
African American:	20%
Hispanic:	17%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	3%
Other, unknown or not reported:	11%

► Improved Patient Access

- The total aggregate number of clients accessing Title II health care and support services did not change significantly between 1995 and 1996. However, the number of unduplicated, low-income persons accessing medications through ADAP increased 70% between 1996 (130 clients) and 1997 (222 clients).
- In general, the ADAP client demographics among enrollees mirror the epidemic demographics. Rhode Island's RITE Care system, however, is the method of medical care support for many women with children and their dependents.
- The ADAP formulary was expanded from 19 drugs in 1996 to 30 in 1998.
- New services were added in 1997 to assist HIV-infected inmates, who are transitioning into community-based, primary care settings, to improve continuity of care and ensure uninterrupted access to treatment.
- During 1997, the grantee expanded access to dental services; by the end of the third quarter, the number of clients served had more than doubled over the previous year to 111 persons.

► Cost Savings

- The grantee reported achieving an average savings in 1996-97 of \$650 per month per person in medication and treatment costs through the Title II insurance continuation program. The savings average \$7,800 per person per year.

► **Other Accomplishments**

- All ADAP decisions are made in consultation with the Director's HIV Advisory Committee (HAC), the Provision of Care Committee (POC), and the Rhode Island AIDS Clinical Task Force. The HAC is a 50-member group, which was organized in 1987 to advise the Director of Health regarding the clinical aspects of AIDS activities in Rhode Island. The HAC medical care providers and other committee membership, notably consumers of services and a university ethicist, make recommendations regarding ADAP eligibility, formulary composition, and access issues. The POC is a 40-member group, comprising consumers of services, representatives of all CARE Act Titles. The POC is often the first group to consider ADAP issues and its advisories are reported regularly to the HAC, of which the POC is a subcommittee. Membership on the POC is open, although active recruitment is conducted by the Title II Coordinator to ensure appropriate representation.

AIDS Drug Assistance Program (ADAP): Rhode Island

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$436,365	\$762,972	\$1,067,160	\$2,266,497
State Funds	\$0	\$0	\$0	\$0
Total	\$436,365	\$762,972	\$1,067,160	\$2,266,497

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 34 drugs, 4 protease inhibitors, 11 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	500
Number using ADAP each month:	140
Percent of clients on protease inhibitors:	58%
Percent of active clients below 200% FPL:	95%

Client Profile, FY 1996

Men:	79%
Women:	21%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	57%
African American:	14%
Hispanic:	14%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	14%

Title III: Rhode Island

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total Title III funding in State	\$180,942	\$257,970	\$280,195	\$719,107

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 179
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 760
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 257
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 34%
 - ▶ from 200 to 499: 36%
 - ▶ above 500: 19%
 - ▶ unknown: 12%

Accomplishments

Clients served (primary care only), 1996:	760
Men:	47%
Women:	53%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	60%
African American:	21%
Hispanic:	18%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	11%
Injecting drug user (IDU):	56%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	22%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	9%

► **Improved Patient Access**

- In 1997, a total of 512 HIV-infected clients received primary care services through the Miriam Hospital Immunology Center. Of the clients served, 53% are women, 44% are active substance users and fewer than 16% have private insurance.
- Transportation is a significant barrier to care for clients residing in Rhode Island, as 88% of the clients are unemployed. For those clients, the grantee provides transportation services.
- The Immunology Center is the only site within Rhode Island that provides HIV counseling and testing at no cost to the clients. In 1997, the grantee expanded services to include services for youth.

► **Cost Savings**

- To maximize resources, all medically indigent clients enrolled in the Miriam Hospital Immunology Center are screened to determine eligibility for entitlement programs. Clients are relieved of inpatient and pharmaceutical charges incurred.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Miriam Hospital	Providence	All Rhode Island and Southern Massachusetts	Hospital/University-based Medical Center

Title IV: Rhode Island

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$336,000	\$394,000	\$394,000	\$1,124,000

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	1%
Women with children:	1%
Adolescents/young adults:	3%
Children:	5%
Infants:	7%
Clients with AIDS/HIV Infection:	99%

Accomplishments

All clients served, 1996:	346
Men:	50%
Women:	50%
(Adolescents and adults only)	
<13 years old:	12%
13-19 years old:	3%
20+ years old:	85%

White:	32%
African American:	36%
Hispanic:	30%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	10%
Injecting drug user (IDU):	62%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	12%
Receipt of blood transfusion, blood components, or tissue:	1%
Pediatric Exposure:	12%

► **Improved Patient Access**

- Within the last three years, the number of enrolled clients has more than doubled for the AIDS Care Ocean State Title IV program, the Family AIDS Center for Treatment and Support (FACTS).
- The grantee established an adolescent-specific HIV care network that includes two sites that provide adolescent HIV counseling and testing, medical care clinic, prevention and education, and social services.
- The FACTS program offers the only adolescent-specific HIV counseling sites available in Rhode Island.
- Eighty percent of the clients seeking services through the Title IV project are Medicaid recipients.
- The grantee has established close working relationships with agencies receiving Title III funds.

► **Improved Patient Outcomes**

- In 1997, 14 of 15 HIV-infected children were on triple antiretroviral therapy.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
AIDS Care Ocean State	Providence	Statewide	HIV/AIDS Social Service Agency

Special Programs of National Significance (SPNS): Rhode Island

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$176,789	\$250,765	\$295,885	\$723,439

Project Descriptions

► Miriam Hospital

Location: Providence

Project period: 10/96 - 9/01

Population Served: HIV-infected releasees from prison and drug detox

Description of Services: HIV-infected inmates released from prison are frequently referred for primary care but are not followed past the first appointment. They quickly become lost to the medical care system as a result of homelessness, relapse, mental health issues, and isolation. Project Bridge is a model initiative that improves clients' retention in primary care through targeted outreach and intensive case management. It employs skilled social workers and outreach staff to provide follow-up services for HIV-positive inmates as they exit prison and drug-detoxification programs. Project staff follow clients for 18 months after discharge and offer such services as primary care, intensive case management, psychosocial support and community outreach. Project Bridge tracks the progress of clients through a database, allowing for a continuous evaluation of its efforts.

Project Highlights

- The project produced a reliable mechanism for providing HIV primary care, intensive case management, psychosocial support, and community outreach services for HIV-infected inmates as they leave prison and drug detoxification programs.
- Social workers and other staff stay with clients for 18 months after discharge and are currently working with 57 clients.
- The project has achieved a remarkable treatment and appointment compliance rate of 95%.

AIDS Education and Training Centers: Rhode Island

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New England AETC
- ▶ States Served: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- ▶ Primary Grantee: New England AETC, Brookline, MA
- ▶ Subcontractors in State: Brown Univ. AIDS Program, Memorial Hosp. of RI - Pawtucket

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$48,393	\$41,010	\$51,823	\$141,226

Training Highlights from FY 1997

- To provide information on PHS treatment guidelines, the AETC offered sessions designed to address the diverse training needs of health care providers, depending upon their clinical settings. Offered in one-, two-, or three-hour modules, program sessions were held at community health centers, regional meetings or professional provider associations, at in-service or grand rounds sessions, and as training programs open to all interested providers.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, the AETC developed a comprehensive two-day course. The curriculum featured the full scope of patient-clinician interactions and the course included lecture presentations, case discussions, and roundtable and panel discussions featuring people living with HIV.
- “HIV/AIDS Updates and Case Discussion: A Program for Community Health Center Providers” is a monthly series that brings together a variety of clinicians experienced in HIV care and treatment issues from sites throughout the Boston area. Each month’s session features an expert who presents a topic relevant to HIV/AIDS care, treatment and research. Participants are invited to bring cases from their own practices, which are then discussed by participants.

- To highlight the needs of women living with, or at-risk of, HIV disease and the challenges faced by their providers, the AETC developed a three-hour program titled “Women, HIV, and Reproductive Care.” The goals of the program include: to describe current knowledge of HIV transmission and treatment; to identify the medical, social and emotional issues faced by women with HIV; to demonstrate skills for incorporating counseling patients about reproductive decision-making, HIV disease, and HIV testing into the providers’ clinical settings; and to identify strategies to provide effective counseling and testing for women while considering cultural health practices, beliefs, and linguistic differences.
- The AETC developed an interactive program that allows participants to examine new and emerging therapies. “HIV Resistance, Treatment Sequencing, and Adherence Issues: A Roundtable Forum” features multidisciplinary, participatory roundtable discussions in which participants examine clinical case scenarios and propose treatment options in an informal group setting. The three-hour program begins with a presentation that is followed by roundtable discussions. Each roundtable is facilitated by a clinician. Participants are assigned to tables so that in each discussion a variety of disciplines are represented.
- The “Nurse Practitioner/Nurse Practitioner Student Clinical Site Training” is a clinical training program that has offered up to 98 hours of clinical experience over 13 weeks to students in a practice that focuses solely on HIV disease. The clinical practicum takes place at the clinic and during home visits, providing an opportunity for participants to experience a full spectrum of HIV-related treatment and care strategies and interventions.